

SERFF Tracking Number:	AOIC-125305702	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	AR-PC-07-026250
Company Tracking Number:	PPA-AR-01-09/24/2007-89102		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto		
Project Name/Number:	PPA/89102		

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Personal Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: AOIC-125305702

SERFF Status: Closed

Co Tr Num: PPA-AR-01-
09/24/2007-89102

Co Status: Pending

Authors: Claudia Stewart, Autumn
Whitson

Date Submitted: 09/27/2007

State: Arkansas

State Tr Num: AR-PC-07-026250

State Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 10/02/2007

Disposition Status: Approved

Effective Date (New): 10/27/2007

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: PPA

Project Number: 89102

Reference Organization:

Reference Title:

Filing Status Changed: 10/02/2007

State Status Changed: 09/28/2007

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 89102 (8-07) and 89103 (8-07)

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after October 27, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SCOTT BRADLEY, MANAGER

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125305702 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: AR-PC-07-026250
Company Tracking Number: PPA-AR-01-09/24/2007-89102
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto
Project Name/Number: PPA/89102

PERSONAL AUTOMOBILE - NORTH

BRADLEY.SCOTT@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-886-1820 Ext.

Underwriter:

RENAE SPALDING

SPALDING.RENAE.AOINS.COM

(517) 327-4866

Company and Contact

Filing Contact Information

Scott Bradley, Manager

PO Box 30660

Lansing, MI 48909-8160

bradley.scott@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins

Group

FEIN Number: 38-0315280

State of Domicile: Michigan

Company Type: PC

State ID Number:

(800) 346-0346 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	09/27/2007	15838347

<i>SERFF Tracking Number:</i>	<i>AOIC-125305702</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026250</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-01-09/24/2007-89102</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto</i>		
<i>Project Name/Number:</i>	<i>PPA/89102</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/02/2007	10/02/2007

SERFF Tracking Number: *AOIC-125305702*

State: *Arkansas*

Filing Company: *Auto-Owners Insurance Company*

State Tracking Number: *AR-PC-07-026250*

Company Tracking Number: *PPA-AR-01-09/24/2007-89102*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *Personal Auto*

Project Name/Number: *PPA/89102*

Disposition

Disposition Date: 10/02/2007

Effective Date (New): 10/27/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125305702	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	AR-PC-07-026250
Company Tracking Number:	PPA-AR-01-09/24/2007-89102		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto		
Project Name/Number:	PPA/89102		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Rental Automobile Gap Coverage	Approved	Yes
Form	Deductible Amendatory	Approved	Yes

SERFF Tracking Number:	AOIC-125305702	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	AR-PC-07-026250
Company Tracking Number:	PPA-AR-01-09/24/2007-89102		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto		
Project Name/Number:	PPA/89102		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rental Automobile Gap Coverage	89102	08-07	Endorsement/Amendment/Conditions		49.00	89102 (08-07).pdf
Approved	Deductible Amendatory	89103	08-07	Endorsement/Amendment/Conditions		55.20	89103 (08-07).pdf

RENTAL AUTOMOBILE GAP COVERAGE

Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 4. LIMIT OF LIABILITY**, the following condition is added:

If the covered **automobile** is:

- (1)** a rented **private passenger automobile**;
- (2)** not a total loss; and
- (3)** sold in it's damaged condition rather than repaired, as decided by the rental company from which **you** rented the **automobile**; and

The first named **insured** is:

- (1)** an individual entity; or
- (2)** other than an individual entity with:
 - (a)** the Broadened Coverage for Named Individuals - Drive Other Cars endorsement on the policy; and
 - (b)** the **automobile** to which the Broadened Coverage for Named Individuals - Drive Other Cars endorsement is attached has Comprehensive and Collision Coverages

we will pay the amount for which **you** are liable under the terms of the rental agreement.

All other policy terms and conditions apply.

DEDUCTIBLE AMENDATORY

Automobile Policy

It is agreed:

SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES, is amended as follows:

1. Under **c. Comprehensive Coverage**, the last paragraph is deleted and replaced with:

When a deductible is indicated in the Declarations for this coverage, **we** will reduce **our** payment by that amount. When more than one of **your automobiles** is involved in the same covered loss, only one deductible shall apply. If the deductibles differ, **we** shall only apply the highest deductible.

2. **d. Collision Coverage** is deleted and replaced with the following:

d. Collision Coverage

- (1) **We** will pay for loss or damage to **your automobile** and its **equipment** caused by accidental collision with another object or by accidental upset.

- (2) When a deductible is indicated in the Declarations for this coverage, **we** will reduce **our** payment by that amount.

- (a) This deductible shall not apply:

- 1) when **your automobile** which is a **private passenger automobile** or a **trailer** when attached to **your private passenger automobile** is in a collision with another **automobile**:

a) **we** insure and which **you** do not own, rent or have in **your** care, custody or control; or

b) whose owner or operator has been identified; and

i) is legally responsible for the entire amount of the damage; and

ii) is covered by a **property damage** liability policy or bond

but only if the damage exceeds the deductible amount.

- 2) when one or more of **your automobiles** is in a collision with another of **your automobiles**, including any hired **automobiles** to which the HIRED AUTOMOBILE PHYSICAL DAMAGE endorsement, if a part of this policy, applies.

- (b) Only one deductible applies to:

1) **your automobile**;

2) **your attached trailer**; or

3) any hired **automobiles** to which the HIRED AUTOMOBILE PHYSICAL DAMAGE endorsement, if a part of this policy

when both the **automobile** and attached **trailer** are in a collision with an **automobile** we do not insure that is not owed by **you** or a **relative**. If the deductibles differ, we shall only apply the highest deductible.

All other policy terms and conditions apply.

SERFF Tracking Number: *AOIC-125305702*

State: *Arkansas*

Filing Company: *Auto-Owners Insurance Company*

State Tracking Number: *AR-PC-07-026250*

Company Tracking Number: *PPA-AR-01-09/24/2007-89102*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *Personal Auto*

Project Name/Number: *PPA/89102*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125305702

State: Arkansas

Filing Company: Auto-Owners Insurance Company

State Tracking Number: AR-PC-07-026250

Company Tracking Number: PPA-AR-01-09/24/2007-89102

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto

Project Name/Number: PPA/89102

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

10/02/2007

Comments:

Attachment:

89102 Transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

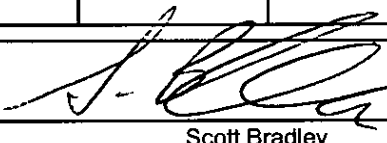
3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280

5. Company Tracking Number	PPAAR10927200789102
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Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Scott Bradley, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-886-1820 800-346-0346 Ext.	517 391-1903	BRADLEY.SCOTT@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Scott Bradley

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0000 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto - (PPA)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Personal Automobile
13. Filing Type	FORM
14. Effective Dates(s) Requested	October 27, 2007
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	September 27, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	PPAAR10914200789102
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after October 27, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SCOTT BRADLEY, MANAGER

PERSONAL AUTOMOBILE - NORTH

BRADLEY.SCOTT@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-886-1820 Ext.

Underwriter:

RENAE SPALDING

SPALDING.RENAE.AOINS.COM

(517) 327-4866

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULEThis form must be provided **ONLY** when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #		PPAAR10927200789102		
2.	This filing corresponds to rate/rule filing number				
3.	Component/Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
1	Rental Automobile Gap Coverage	89102 (08-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	()	
2	Deductible Amendatory Endorsement	89103 (08-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3

RENTAL AUTOMOBILE GAP COVERAGE

Automobile Policy

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 - (b) the **automobile** to which the Broadened Coverage for Named Individuals - Drive Other Cars endorsement is attached has Comprehensive and Collision Coverages**

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